

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

00 — 22

2. STATE:

NC

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01/01/01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 435, Subpart F

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 0

b. FFY 2002 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement 6 to Attachment 2.6-A

10. SUBJECT OF AMENDMENT:

State/County Special Assistance for Adults (SA) Program Income Levels

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

not required

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

D. David Denton, MD

14. TITLE:

Secretary

15. DATE SUBMITTED:

December 1, 2000

16. RETURN TO:

Office of the Secretary
Department of Health & Human Services
2001 Mail Service Center
Raleigh, North Carolina 27699-2001

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

December 6, 2000

18. DATE APPROVED:

December 7, 2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Regina A. Grasser

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

State North Carolina
Standards for Optional State Supplementary Payments

Payment Category Reasonable Classification	Administered by	Income Level				Income Disregards Employed
		Gross		Net		
	Federal State	1 Person	Couple	1 Person	Couple	
Aged and Disabled Adult Care Home and Mental Health Facilities	X	\$1,590.00		\$1,062.00		For earned income, disregard the first \$65, subtract impairment related work expenses, and disregard one-half the remainder.
Blind Adult Care Homes	X	\$1,590.00		\$1,062.00		For earned income, disregard the first \$85, plus one-half of the earned income in excess of \$85. From the remaining amount, deduct work expenses. \$20 is subtracted from total income.

TN. No. 00 - 22
Supersedes
No. 00 - 21Approval Date 01/01/01Effective Date 01/01/01